

North Carolina Division of Medical Assistance

Optional Nursing Assessment Worksheet for PCS-Plus

Medicaid Recipient Name:	Date of Assessment:
Assessment Completed by:	Agency Name:

The DMA-3000 provides a general evaluation of the client's medical and functional health (ADL/IADL) needs. This Optional Nursing Assessment Worksheet documents medical/nursing needs that may qualify the client for PCS-Plus services. Please note observations that document the client's condition specific to the criteria. A provider agency may choose to use its own forms in lieu of the Optional Nursing Assessment Worksheet to document the client's qualification for PCS-Plus. Forms used in lieu of the Optional Nursing Assessment Worksheet must clearly document assessment observations that specify individual client needs in identified PCS-Plus criteria.

Category	Description (Observation: specify)	Diagnosis (medical & nursing indicators)
<u>Cognitive/Perceptual</u> Orientation, memory, judgment, sensory deficits, developmental, emotional status, behavioral, seizures, pain, vision, hearing		
<u>Nutrition/Metabolic</u> Diet, type and method (oral, enteral, parenteral), appetite, eating problems, swallowing, weight changes, skin integrity NA II Task: _____		NA II Task: _____
<u>Elimination (Bowel/bladder)</u> Digestive problems, constipation, use of laxatives/enemas, continence (frequency) and continence management, catheter (type and frequency), ostomy (type/care) NA II Task: _____		NA II Task: _____
<u>Activity/Exercise</u> Activity, ambulatory status/assistance, assistive devices, bed mobility, paralysis, weakness, history of falls, pain, musculoskeletal		
<u>Respiratory</u> COPD, respiratory status, use of O ₂ (type/method/frequency), dyspnea, SOB, history of asthma, TB,		NA II Task: _____
<u>Cardiovascular</u> Heart disease, pacemaker, blood pressure, pain		
<u>Medications/Medical Treatment/Monitoring</u>		